

8-8-03

AP/ 17624

Please place a plus sign (+) inside this box →

PTO/SB/21 (6/98)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

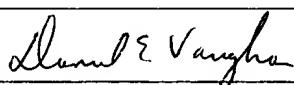
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

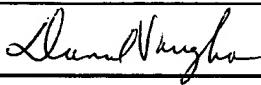
AUG 03 2005
U.S. PATENT & TRADEMARK OFFICE

+ JFW

TRANSMITTAL FORM		Application No.	09/560,215
(To be used for all correspondence after initial filing)		Filing Date	April 28, 2000
		First Named Inventor	Max Levchin
		Group Art Unit	1762
		Examiner Name	Alain L. Bashore
Total Number of Pages in this Submission:		Attorney Docket No.	X00-001

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers for an application <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After-Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s): <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Check for \$ <u>200</u> <input type="checkbox"/> _____	
			<input type="checkbox"/> Assignment Papers for an application
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers
			<input type="checkbox"/> Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund			
Remarks:			

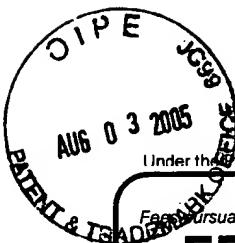
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Name	Daniel E. Vaughan (Registration No. 42,199)	Date	August 3, 2005
Signature		Telephone	510-790-9960
Address	39180 Liberty Street, Suite 103, Fremont, CA 94538	Facsimile	510-790-9964

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the U. S. Postal Service as <input checked="" type="checkbox"/> Express Mail (No. EV 716 586 738 US) or			
<input type="checkbox"/> First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on: <u>August 3, 2005</u>			
Type or Printed Name	Daniel Vaughan	Signature	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200)

Complete if Known

Application Number	06/560,215
Filing Date	April 28, 2000
First Named Inventor	Max Levchin
Examiner Name	Alain L. Bashore
Art Unit	1762
Attorney Docket No.	X00-001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1801 Deposit Account Name: Park, Vaughan & Fleming

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
42	- 20 or HP = 0	x _____	= 0	50	25
				200	100
				360	180

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
11	- 3 or HP = 1	x 200	= 200	_____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Daniel E. Vaughan</i>	Registration No. 42,199 (Attorney/Agent)	Telephone 510-790-9960
Name (Print/Type)	Daniel E. Vaughan		Date August 3, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Levchin, *et al.*
Application No. : 09/560,215
Filed : April 28, 2000
Docket : X00-001
Title : System and Method for Electronically Exchanging Value
Among Distributed Users

Group/Art Unit : 1762
Examiner : Alain L. Bashore

REPLY UNDER 37 C.F.R. § 1.116

Commissioner for Patents
Alexandria, VA 22313

Sir:

In response to the Office Action mailed June 14, 2005, please amend the application as follows and consider the following Remarks.

08/10/2005 EFLORES 00000060 09560215

01 FC:1201

200.00 0P